



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 21006		2. Exact name of the Corporation PORTLAND TRANSMISSION COMPANY			
3. Principal office address 290 Smith Street		City Providence	State RI	Zip 02908	
4. Business Phone No. 4558300		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Transmission and automotive repairs					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Joseph R. Cardente			Vice-President Name		
Street Address 290 Smith Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Jeffrey Watts			Treasurer Name Joseph R. Cardente		
Street Address 290 Smith Street			Street Address 290 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIV
 2016 JAN 11 PM 12:01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Joseph R. Cardente
 Signature of Authorized Representative

1-6-16
 Date

Joseph R. Cardente
 Print or Type Name of Authorized Representative

JAN 11 2016
 By *264942*
A.A.